

NOV 19 2018

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LEGISLATIVE RESOURCE CENTER  
18 DEC -3 PM 3:19

# UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

FORM B

For New Members, Candidates, and New Employees

Name: Sue Sullivan

Daytime Telephone: \_\_\_\_\_

## FILER STATUS

☒ New Member or Candidate for U.S. House of Representatives  
Candidates - Date of Election: 11/06/18

☐ Check if Amendment

☐ New Officer or Employee  
Employing Office: \_\_\_\_\_

Staff Filer Type (if Applicable):  
☐ Shared ☐ Principal Assistant

Period Covered: January 1, \_\_\_\_\_ to \_\_\_\_\_

(Office Use Only)

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

## PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

<p>A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <b>or</b> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
<p>D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	<p>J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?</p> <p>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"

THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE

## EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

<p>TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	<p>EXEMPTION - Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.</p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
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**Assets and/or Income Sources**

**Block A**

**Block B**

**Block C**

**Block D**

**Assets and/or Income Sources**

**Value of Asset**

**Type of Income**

**Amount of Income**

**Current Year**

**Preceding Year**

**Examples:**

**Large Corp Stock**

**Simon & Schuster**

**ABC Hedge Fund**

**Trustco Bank**

**Rental Property**

**ISSE Consulting**

**None**

**\$1-\$1,000**

**\$1,001-\$15,000**

**\$15,001-\$50,000**

**\$50,001-\$100,000**

**\$100,001-\$250,000**

**\$250,001-\$500,000**

**\$500,001-\$1,000,000**

**\$1,000,001-\$5,000,000**

**\$5,000,001-\$25,000,000**

**\$25,000,001-\$50,000,000**

**Over \$50,000,000**

**Spouse/DC Asset over \$1,000,000\***

**NONE**

**DIVIDENDS**

**RENT**

**INTEREST**

**CAPITAL GAINS**

**EXCEPTED/BLIND TRUST**

**TAX-DEFERRED**

**Other Type of Income (Specify: e.g., Partnership Income or Farm Income)**

**None**

**\$1-\$200**

**\$201-\$1,000**

**\$1,001-\$2,500**

**\$2,501-\$5,000**

**\$5,001-\$15,000**

**\$15,001-\$50,000**

**\$50,001-\$100,000**

**\$100,001-\$1,000,000**

**\$1,000,001-\$5,000,000**

**Over \$5,000,000**

**Spouse/DC Income over \$1,000,000\***

**None**

**\$1-\$200**

**\$201-\$1,000**

**\$1,001-\$2,500**

**\$2,501-\$5,000**

**\$5,001-\$15,000**

**\$15,001-\$50,000**

**\$50,001-\$100,000**

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**\$1,000,001-\$5,000,000**

**Over \$5,000,000**

**Spouse/DC Income over \$1,000,000\***

**None**

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**\$1,000,001-\$5,000,000**

**Over \$5,000,000**

**Spouse/DC Income over \$1,000,000\***

**None**

**\$1-\$200**

**\$201-\$1,0**

**Use additional sheets if more space is required.**

Name: Shel Sullivan

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

**EXCLUDE:** Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

**INCOME LIMITS and PROHIBITED INCOME:** Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

[illegible]

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[illegible]

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the reporting period and the current calendar year. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Proprietor, Sole Member	ISER Consulting, LLC

# SCHEDULE F - AGREEMENTS

Name:

ME Sullivan

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Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
7/2		

## SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
Hudson Valley Lighting	Project Management
BDL, LLC	Project Management
Never, LLC	Project Management
Center for Regional Health	Project Management
UHS Chiropractic Memorial	Project Management